

Form W-1

**EMPLOYER'S WITHHOLDING TAX RETURN
MONTGOMERY INCOME TAX OFFICE**

Make Remittance Payable to City of Montgomery

PO Box 631393
Cincinnati, OH 45263-1393
Phone: 513-891-2424

FID # _____

ACCOUNT # _____ (REQUIRED)

Name and Address:

____ CHECK HERE IF NEW ADDRESS

1% tax withheld from employees wages =

\$ _____ for period checked

MONTH OF: _____

*Employers withholding in excess of \$200.00 per month must remit monthly.
Payment due 15th of each month for tax deducted during preceding month.

- Jan. thru March, 20____ Due 4/15
- April thru June, 20____ Due 7/15
- July thru Sept., 20____ Due 10/15
- Oct. thru Dec., 20____ Due 1/15

Signature

Phone number

Date

FOR TAX OFFICE ONLY

FILED: _____

CHECK # _____

AMOUNT: _____

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